FORM		
RP-10		

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN

1992
OFFICE USE ONLY

For the CALENDAR year or other tax year beginning ___|___|___ and ending ___|___|___
Mo Day Year   Mo Day Year

Due Date for CALENDAR year is on or before April 15, 1993 or 15th day of 4th month after the close of the fiscal period.

STEP 1

Place LABEL HERE Otherwise, please print or type

Last Name	First name & initial
Spouse's Last name	First name & initial
Name of Partnership, Fiduciary	
Number and Street	
City or Town, State and Zip Code	

SOCIAL SECURITY NUMBER
___ — ___ — ___

SPOUSE'S SOCIAL SECURITY NUMBER
___ — ___ — ___

FEDERAL IDENTIFICATION NUMBER (Partnership & Fiduciary)
___ — ___

STEP 2

Entity Type and Federal Information and Special Return Type

ENTITY TYPE CHECK ONE
- ☐ INDIVIDUAL ☐ JOINT ①
- ☐ PARTNERSHIP ③
- ☐ FIDUCIARY ④ _____% of NH Ownership

FROM YOUR FEDERAL INCOME TAX RETURN
(INDIVIDUAL/JOINT only)

A. Taxable Interest Income (Line 8a of IRS Form 1040 or 1040A) . . . . . . $ _____
B. Tax-exempt Interest Income (Line 8b of IRS Form 1040 or 1040A) . . . $ _____
C. Dividend Income (Line 9 of IRS Form 1040 or 1040A). . . . . $ _____

☐ INITIAL RETURN ☐ AMENDED RETURN ☐ FINAL RETURN ☐ SHORT PERIOD RETURN

STEP 3

Questions

☐ Established ☐ Abandoned residency in New Hampshire during 1992. . . . . Date moved ___|___|___
month day year

☐ Check here if this return includes income of a deceased taxpayer. . . . . Date of death ___|___|___
month day year

☐ Enter social security number of deceased taxpayer _____ — _____ — _____

☐ Check here if the IRS made adjustments to your Federal Income Tax Return that you have not previously reported. Submit changes under a separate cover. Use form RP-87-A. Years covered by IRS Examination _____

STEP 4

COMPLETE PAGE 2 BEFORE COMPUTING TAX

STEP 5

Figure Your Net Taxable Income

6. Gross Taxable Income (Line 5, page 2) . . . . 6. [_____]
7. Less: $1,200 individual, $2,400 Joint, $0 others . . . . 7. [_____]
8. Adjusted Taxable Income (Line 6 less line 7). . . . . 8. [_____]

FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, **YOU ARE NOT REQUIRED TO FILE** HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE . . . . . ☐ AND MAIL IN THE RETURN.

9. Check the exemptions that apply ☐ Partnership ☐ Fiduciary ☐ Blind ☐ Spouse Blind
   ☐ 65 (or over) or disabled _____ ☐ Spouse 65 (or over) or disabled _____
   Year of Birth   Year of Birth
   Total number of boxes checked _____ × $1,200 = _____ . . . . 9. [_____]

10. **Net Taxable Income** (Line 8 less line 9) . . . . 10. [_____]

STEP 6

Figure Your Tax, Credits, Interest and Penalty

11. **New Hampshire Interest and Dividends Tax** (Line 10 × 5%). . . . . 11. [_____]

12. Credits: (a) Tax paid with Application for Extension . . . . 12(a) [_____]
    (b) Payments from 1992 Declaration of Estimated Tax . . . . . 12(b) [_____]
    (c) Credit carryover from prior years . . . . 12(c) [_____]
    (d) Paid with original return (Amended returns only) . . . . 12(d) [_____]
    (e) Other credits or payments (Attach schedule) . . . . 12(e) [_____] 12. [_____]

13. **Balance of Tax Due** (Line 11 less line 12). . . . . 13. [_____]

14. Additions to Tax: (a) Interest (See instructions) . . . . 14(a) [_____]
    (b) Failure to Pay (See instructions) . . . . 14(b) [_____]
    (c) Failure to File (See instructions). . . . . 14(c) [_____]
    (d) Underpayment of Estimated Tax (See instructions). . . 14(d) [_____] 14. [_____]

STEP 7

Figure Your Balance Due or Overpayment

15. **Total Balance Due** (Line 13 plus line 14) If less than $1.00 do not pay . . . . 15. [_____]
    (Make check payable to: State of New Hampshire)
16. **OVERPAYMENT**. . . . . 16. [_____]
17. Apply Overpayment to: (a) Credit on 1993 estimate . . . . 17(a) [_____]
    (b) **Refund** — Please allow 12 weeks for processing . . . . 17(b) [_____]

STEP 8

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which he/she has knowledge.

_____ _____ _____ _____
Signature of taxpayer   Date   Signature of paid preparer other than taxpayer   Date

_____ _____ _____
If joint return, BOTH husband and wife must sign even if only one had income   Date   Preparer's Identification Number

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OFFICE USE ONLY

STEP 9
If You Use a Preparer

For next year, instead of receiving an Interest and Dividend Tax Booklet, do you wish to receive just a mailing label that you can give to your preparer? If yes, check here ☐

If we have a question may we contact your preparer? ☐ Yes _____ ☐ No
                                                      TAXPAYER'S SIGNATURE

▶ MAIL TO: INTEREST & DIVIDENDS TAX, 61 SO. SPRING ST., P.O. BOX 2072, CONCORD, NH 03302-2072

FORM **RP-10**	REPORT OF INTEREST AND DIVIDENDS INCOME	

TAX YEAR 1992

SOURCE	COLUMN 1		COLUMN 2	
LIST ALL PAYERS AND AMOUNTS IN PARTS A, B, C & D WHETHER TAXABLE BY THE STATE OR NOT	ENTER ALL AMOUNTS AS SHOWN ON YOUR FEDERAL RETURN		ENTER ONLY THE AMOUNTS THAT ARE TAXABLE TO NEW HAMPSHIRE	
PART A – INTEREST INCOME (See instructions)				
	$		$	
Total from any supplemental schedule attached				
1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1	$		$	
PART B – DIVIDEND INCOME (See instructions)				
	$		$	
Total from any supplemental schedule attached				
SUB TOTAL	$		$	

(a) ENTER THE TOTAL CAPITAL GAINS PORTION OF ALL DIVIDENDS
    (Individual/Joint filers: from your 1040, Schedule B, line 7)............(a)

(b) ENTER THE TOTAL RETURN OF CAPITAL PORTION OF ALL DIVIDENDS
    (Individual/Joint filers: from your 1040, Schedule B, line 8).............(b)

	COLUMN 1		COLUMN 2	
(c) ENTER THE TOTAL OF (a) and (b) ....(c)				
2. Totals for Part B — SUB TOTAL less Line (c) Column 1 must agree with Step 2, line C, on page 1	$		$	
PART C – FEDERAL EXEMPT INTEREST INCOME List individual payers (See instructions)				
	$		$	
Total from any supplemental schedule attached				
3. Totals for Part C - Column 1 must agree with Step 2, line B, on page 1	$		$	

PART D – OTHER INCOME SUBJECT TO INTEREST & DIVIDENDS TAX (See instructions)

ENTITY TYPE	PAYER'S IDENTIFICATION NUMBER	NAME OF PAYER		
			$	
4. Total Part D			$	
5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here Also, enter same amount on line 6, page one of this return ▶			$	